

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/575785

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		7				
9		7				
10		7				
11		7				
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		8				
21		(1)				
22		7				
23		7				
24		7				
25		7				
26		7				
27		(1)				
28		(1)				
29		(1)				
30		(1)				
31		7				
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	96					
TOTAL CLAIMS	98					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						